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AUTHOR Santomango, Gloria Jean
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ABSTRACT

There are three known diseases of eating disorders: compulsive overeating, anorexia nervosa, and bulimia. All three affect various body systems, are pathological in nature, and are addictive behaviors that mainly affect females. All can be fatal if not treated or under-treated. Compulsive overeating is the most known of the three disorders. The overeater may eat three meals per day along with frequent snacks, may eat continuously throughout the day, and usually becomes obese. Anorexia nervosa literally means loss of appetite. This is misleading, however, because anorexics are often hungry and deny themselves due to an irrational fear of fat. Bulimia literally means "animal hunger," and refers to the manner in which an individual takes in food. The eating binge can be between 2,000 and 55,000 calories, and can last as long as 2 to 8 hours. Other names for this disease are bulimarexia, and bulimia nervosa. These refer to the disease where one binges food and then purges through vomiting, abusing laxatives or diuretics, or abusive exercising. Professionals can watch for isolative tendencies, social changes, depression, weight fluctuations, and apathy. Family members can watch for frequent dieting, weight fluctuations, missing food, or evidence of food being eaten and hidden. Most of the destructive bodily damage is repairable with time, good nutrition, and cessation of the bingeing-purging activity. (LLL)

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[Bullmia: A Medical Portrait]

[Gloria Jean Santomango]

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BRIEF ABSTRACT

Bulimia is likely to go unobserved because most patients are likely to cover-up emotional cues with a smile and compliance. However, there are cues to note in behavior changes. The disease is like a deadly monster that rips apart the patient from the inside.

Physical damage of purging may cause damage to the mouth, gastro-intestinal tract, heart, muscles, and skeleton. Malnutrition, electrolyte imbalance, impaired thought process, cardiac arrest and other problems may occur.

OUTLINE OF GOALS & PRESENTATION

The writer hopes to familiarize the audience with the medical results of various purging techniques. Damage to the body from all purges is discussed. However, vomiting the purge causing the most damage, is discussed in length.

Ms. Santomango will handout diagrams that illustrate the medical problems caused by purging. Some of these problems include: damage to the mouth, gastro-intestinal tract, hypokalemic alkalosis, malnutrition, cardio vascular stress, and skeletal difficulties. Other major concerns are: an electrolyte imbalance, impaired thought process, dehydration, cardiac arrest, and death.

Although bulimia is usually covered-up with a smile and compliance, others can look for specific tendencies and behavior patterns.

BULIMIA: A MEDICAL PORTRAIT

There are three known diseases of eating disorders: **compulsive overeating, anorexia nervosa, and bulimia.** All three eating disorders: effect various body systems, are pathologic in nature, are addictive behaviors that mainly affect females, and all can be fatal if not treated or under-treated.

The addictive cycles of eating disorders are difficult to understand. Social pressures to be thin surround us. In the 1951 Miss Universe Contest, Miss Sweden weighed 151 pounds at 5'7". In 1983 she weighed 109 pounds at 5'9" which fits the weight criteria for anorexia nervosa (Mobasheri).

In the past few years eating disorders appear to be rapidly increasing (Ceaser). Subcultures such as wrestlers, cheerleaders, pom-pom squads, gymnastics, ballet, and modeling go beyond the strict eating habits required. They put-out a great deal of physical exercise, taking in minimal calories.

Public figures such as Jane Fonda, Margoux Hemingway, Elizabeth Taylor, Cathy Rigby, and others have gone public with their eating disorders. Recent films, Kate's Secret, and The Karen Carpenter Story have also appeared on TV within the last few years. These refer to the eating disorders of bulimia and anorexia.

However, bulimic activity has been known to be around (and in style) since the days of ancient Rome. Impressionable girls, teens, and women sometimes see the confessed method (especially binge-purge activity) as a method of solution rather than a problem. (Harper. 1989). All too often, impressionable adolescents (and imitative)

react with, "So that's how she did it!"(Harper. 1989, March).

Compulsive overeating is the most well-known of the three eating disorders. An overeater usually becomes obese. The overeater may eat three meals per day plus frequent snacks. S/he may eat continuously throughout the day.

Anorexia nervosa literally means a loss of appetite. However, this is misleading because anorexics are often hungry and deny themselves. They have an irrational fear of fat. It is willful self-starvation. The person has a weight loss of 25% below the normal range.

Bulimia literally means "animal hunger." Other names for this disease are: bulimarexia, and bulimia nervosa. The terms are often interchanged. However, **bulimia** technically refers to the manner in which an individual intakes food. The binges usually consist of high-caloric, easily ingested food. The eating binge (usually premeditated) can be between 2,000 and 55,000 calories (Mobasheri). Binges can last as long as two to eight hours (Goff 1984, January). Termination of a binge occurs with episodes of abdominal pain, sleep, or social interruption. Compulsive eaters may be bulimic.

Bulimorexia and bulimia nervosa refer to the disease where one binges (gorges) food and then purges in one or a combination of the following ways: **vomiting, abusing laxatives or diuretics** (increasing the flow of urine), **abusive exercising**, or taking ipecac syrup to induce vomiting (McFarland & Baker-Baumann, 1988, April).

Once the cycle of binge-purging is initiated, the frequency usually increases (Goff, 1984, January). Some

individuals are able to vomit without inducing the gag reflex. Often binges occur daily; as many as five on weekdays and twelve on weekend days. Some bulimics describe their habit financially (e.g. "a $150.00/week habit). Frequently, bulimics will steal to support their habit.

The medical ramifications are many. No other means of purging affects as many body systems as vomiting. Vomiting can cause loss of the enamel on teeth. The stomach acid erodes them with repeated exposure. Some individuals also experience gingival and tongue sensitivity as well but this is less common. A chronically inflamed and sore throat, sometimes bleeding can occur. Chronic sinusitis from residual vomitus in the sinus cavities can occur.

Other symptoms are; swollen and infected glands in the neck and jaw (parotid gland enlargement), esophagitis, and reflux esophagitis symptoms can also occur (less common) with the relaxation of the lower esophageal sphincter. Rupturing of the esophagus and lungs is also possible. Other problems in the gastro-intestinal tract are: acute gastric distention, gastritus, gastric atony, acute gastric dilatation (especially after prolonged starvation). This sudden swelling of the stomach results in an acute, intensely dilated stomach, with pain, nausea, and sometimes vomiting (Goode).

The delicate membranes that hold the inner organs in place may also be ruptured. This may cause a rupture in the pneumatic diaphram and may cause a hiatal hernia, and the stomach may protrude into the chest cavity.

Pancreatitus can evolve and be grave if not treated. Fluid retention on the basis of kidney malfunction can occur.

There is a possibility of a vagal nerve block and the heart will stop for some beats. There is also speculation that the endocrine system may affect fertility in later life. An insulin reaction can occur if sugary foods are binged and then purged.

Some bulimics have created blood sugar fluctuations critical enough to be diagnosed as hypoglycemic (ANREA ALERT, 1982, March). Hypokalemic alkalosis, due to lost potassium, hydrogen, chloride, and fluids is a direct consequence of loss of gastric acid and consequent pH shifts when vomiting.

Frequent intense vomiting can lead to orthostsasis, an aldosterone response, dehydration and fainting spells. Urinary tract infections can occur as a result of dehydration.

Puffy skin under the eyes and ruptured blood vessels in the cheeks are also common. Bruises and scars on the knuckles of the hand used to inducing vomiting are visible. Usually, skin bruises easily to the touch, hair is brittle, and nails have little furrows; all visable signs of malnutrition.

Other serious conditions are malnutrition and related problems (cardiovascular, renal, insomnia, and skeletal difficulties) and neurologic and endocrine problems. Hypokalemia is dangerous in an already weakened heart muscle. It can lead to arrhythmias, as can another heart problem, called QT prolongation, seen usually after rigid, prolonged starvation (Goode). The thought processes and general brain

functioning are also impaired by frequent vomiting.

Perhaps the MOST SERIOUS of all Medical Problems occurring due to vomit-purging is an electrolyte imbalance. Electrolytes are substances dissolved in the blood that are absolutely essential to proper nerve and muscle functioning. Various neuro-muscular problems can result including; muscle spasms, cardiac arrest, and death.

Laxative-purging also has medical consequences. One may become dependant on laxatives. The nerve plexi that is usually naturally stimulated becomes toxically degenerated. The mucus that lines and protects the intestines may be removed and infections can occur. The large bowel may become stretched (megacolon) by forcing water into it from bulk-forming laxatives. Bowel tumors (benign and malignant) may occur. Also, a condition called irritable bowel syndrome may occur involving alternate periods of constipation and diarrhea. An electrolyte imbalance and dehydration also occurs with this form of purge.

Diuretic abusers have all the above listed symptoms of **laxative abusers** and may experience one or more of the following: kidney malfunction (a reduced glomerular filtration rate) or a tubular dysfunction (can compromise the concentrating ability of the kidneys), edema, a dry mouth, coated tongue, & cracked lips. Also, the dependency, dehydration, and the electrolyte imbalance as mentioned above.

The **exercise-purge** also finds the bulimic with complications. Individuals who exercise up to six hours each day may suffer physical symptoms. Broken, split, and worn-

out bones, ligaments, and joints are not uncommon. Pulled muscles and tendons are frequent. Some will exercise compulsively three or four times daily regardless of weather, time, or social considerations. Dehydration is often a problem, also.

Usually, medical complications of compulsive eating are experienced by some bulimics as well. These can include; hypertension, diabeteses, arthritis, and others.

Also, bulimics who become alcoholics, drug-addicted, or progress to other compulsive diesases that are pathological in nature acquire the added symptoms and risks of these diesases in addition to those acquired through bulimia and/or bulimorexia.

A hidden disease that is chronic and progressive (McFarland & Baker-Baumann, 1988), bulimia is difficult to diagnose and intervene upon. Isolation, denial, shame, low self-esteem, a drive to succeed, preoccupation with body appearance, and other psycho-social factors are common in most persons with eating disorders and delay the recovery process. The pathologic relationship is much like that of alcoholism. However, the shame is much greater: to have no control over food, such a common substance required for life.

Those bulimics who have tried to counteract the effects of their food intake by dieting have generally used all known calorie reduction plans, programs, and pills, often resorting to severe means such as jaw wiring, stomach stapling, and intestinal bypass (Mobasheri).

Most of the victims are female. Although an increase in the number of males is suspected. The onset is usually in

adolescence. However, the onset is continually declining in years. Eating disorders are not uncommon in the elementary schools today.

Professionals can watch for isolative tendencies, social changes, depression, weight fluctuations, and apathy. Family members can watch for frequent dieting, weight fluctuations, missing half-gallons of ice cream, disappearances of cakes, cookies, or candy, and empty wrappers or food stashed underbeds, in drawers, or other unusual places.

I believe it would helpful to discourage potential bulimics from copying binge-purge methods described in films and by celebrities with vivid, full-color pictures of destroyed body parts and functions as a result from the purging activity. Somehow, a simple, quiet mention of Karen Carpenter's death at the end of the movie didn't leave as much of an impression as the activity itself. The activity is gross, harmful, and destructive and should be portrayed as such. Also, the support offered - for no cost - in support groups should be emphasized.

The good news is most of the destructive bodily damage is repairable with time, good nutrition, and most important with stopping of the binging-purging activity. Psychotherapy is often desirable. Sometimes residential treatment is necessary. Support group attendance and a change of lifestyle are also helpful. There is help available. It is a tremendous amount of work. Old feelings, incidents, and pains have to be dug-up and faced. A great deal of introspection is needed to break the addictive cycle. There is good news.

Support groups such as: Applying New Attitudes and Directions (ANAD), Overeaters Anonymous(OA), American Anorexia/Bulimia Association, Inc.(AABA), Bulimia, Anorexia Self-Help, Inc.(BASH), and others are springing-up. OA uses an adapted version of the Twelve Steps and Twelve Traditions of AA. The first step states, "We admitted that we were powerless over compulsive eating - that our lives had become unmanageable." (Overeaters Anonymous, 1980).

It is written in the past tense (offering strength and hope). It is plural ("WE")...no one has to fight this disease on their own. Like most pathologic diseases, recovery begins by admitting that the problem exists. It is one of the few diseases that recovery can restore the individual to a healthier state prior to the onset of the disease.

Recovery must involve emotional, social, and spiritual growth. Personal familiarity with OA and ANAD has convinced me that hope for a full recovery is real.

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